U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Nour Eddine ELASALi	COURT CASE NUMBER 07-CV-2272 W(JMA)
DEFENDANT Lorenzo Ortiz	TYPE OF PROCESS

FILED 2008 MAY 15 AM 9:29 CLERK US DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Lorenzo Ortiz

AT ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
2020 Hoover Av. National City, CA. 91950

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Nour Eddine ELASALi
PO BOX 84764
SD. CA. 92138

Number of process to be served with this Form - 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):*

Fold

Fold

RECEIVED U.S. MARSHAL SOUTHERN DISTRICT OF CALIFORNIA 2008 MAY 14 A 10:33

Signature of Attorney or other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
[signature]	☑ PLAINTIFF ☐ DEFENDANT	619 414 8723	05 13 08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only first USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 98	No. 98	A Scott	5/14/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☑ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above *(See remarks below)*

Name and title of individual served *(if not shown above)*	☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address *(complete only if different than shown above)*	Date of Service 5/14/08	Time 1:37 am (pm)
	Signature of U.S. Marshal or Deputy [signature]	

Service Fee	Total Mileage Charges *(including endeavors)*	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:
05/14/08-Returned unexecuted. The dft is no longer employed at this location.

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)